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	C:1501 1400.00 DP C:1504 300.00 DP				June 14			. 2006	(Date
	APPLICATION NO.	FILING DATE	FIRST NAMED INVI) INVEN	TOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
	APPLN. TYPE	SMALL ENTITY	ISSUE F			JBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO		\$1400		\$300			\$1700	06/26/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS		SS			
LUND, JEFFRIE ROBERT 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)					
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